State of Washington

Department of Retirement Systems

Plan 3 Member Information

For selecting an investment program and contribution rate, and for transferring from Plan 2 to Plan 3

INSTRUCTIONS: This is a two-sided form, be sure it is completed as noted below and return to your employer.

Department of Retirement Systems

PO Box 48380

Olympia, WA 98504-8380
Toll Free: 1-800-547-6657
Local: 360-664-7000
TDD: 360-586-5450

Return completed form to your employer

 If you are enrolling in Plan 3 for the first time or, if you are returning to Plan 3 employment with a new employer, complete Sections 1, 2, and
• If you are transferring from Plan 2 to Plan 3, complete Sections 1, 2, 3, and 4. Your employer completes Section 5.
• To obtain more detailed information about the two available investment programs consult the <i>Plan 3 Investment Guide</i> .

Investment guides are available from your employer or through ICMA-RC by calling 1-888-711-8773.

investment guides are av	aliable from you	ır empioyer d	or through ICIV	/IA-RC by	calling 1-8	88-711-8	3//3.							
Section 1: Personal D	ata - To Be	Complete	d by Mem	ber										
Social Security Number (Se	ee back of form)					ERS k your Re	etiremei	T nt System	RS					
Last Name														
Lastivalle														
First Name						1		1						
Middle Name					Maiden N									
Section 2: Selection	of Contribu	tion Rate	- To Be Co	mplete	ed by Me	mber								
New members and memeligibility date, your emplements who transon once selected, a contributions will be plan 3 contributions will be place a check mark in Option A: Option A: Option B: Option C: Option D: Option E: Option F:	loyer must repoinsfer to Plan 3 mution rate <u>canno</u> begin with the eat the box next to 5 percent of progression	rt Option A. hust select a c t be changed irliest possible o the contri bay at all age bay until age bay at all age pay at all age pay at all age pay at all age	contribution rate as long as the e pay period for ibution rate as 35; 6 percent 35; 7.5 percent ses	te option a e member ollowing co option you from age nt from ag	at the time of remains with the time of remains with the time of time of the time of time of the time	f transfer th the sa f this forr 7.5 perc 5; and 8.	r. nme emp n. cent fron 5 perce	oloyer. n age 45	and ab	ove		Y Y	, y	y Y
Section 3: Selection	of Investme	ent Progra	am - To Be	Comp	leted by	Memb	er							
You can obtain information Program, set up your alloca Place a check mark in the Direct my contribution investment allocation	ation among the ne box next to ons to the Was ons to the Self-E	the investn	s online at http nent program ite Investmer	o://www.ic n you cho nt Board	marc.org/p oose: (WSIB) Inv	lan3 or b vest m er	y calling	j ICMA-Ř ram.	C at 1-	888-711	-8773.			
									М	M D	D	Y	Y	Y
Employee Signature				Con	tinued on bad	:k			Date					

Section 4: Request for Transfer to Plan 3 - To Be Completed by Member						
36640114. NGQUGSCIVI ITANSIGI TO FIAN 3 - TO DG GUNIPIGTGU DY MGNIDGI						
I understand that my transfer to Plan 3 is <u>irrevocable</u> . I request that I be transferred from Plan 2 to Plan 3.						
Please sign and date this form on the day that you submit it to your employer .						
	M M D D Y Y Y					
Employee Signature	Date					
Section 5: To Be Completed by Employer						
Print or type employer name and mailing address below:						
	Reporting Group					
	Employers: Please mail the original of this document to DRS only if a Plan transfer has been requested.					

Return completed form to your employer.

26 U.S.C. Sections 6047(D), 6041(A), and 6109(A)(3) authorize DRS to solicit your Social Security Number.

- DRS uses your Social Security Number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service and as a reference number for tracking all data with regard to your retirement account.
- Routinely, DRS uses the Social Security Number as the identifying number for the member file.
 If you do not provide your Social Security Number, DRS cannot guarantee that the information you are providing on this form will be properly matched with your member records. This is a particular risk if your name is a fairly common one. Failure to provide your Social Security Number may also result in misreporting to the Internal Revenue Service any disbursements you receive, which may result in adverse tax consequences for you.
- Because this form affects how DRS reports your disbursements to the IRS, the disclosure of your Social Security Number to DRS is mandatory.
- DRS will not disclose your Social Security Number to any party unless required by law.